

Arizona Department of Environmental Quality
Drinking Water Inorganic Chemical Analysis Report
 *** Samples To Be Taken At POE Only***

System ID _____ System Name _____
 _____ : _____ (24 hr clock) _____
 Sample Date _____ Sample Time _____ Owner/Contact Person _____
 _____ Owner/Contact Fax Number _____ Owner/Contact Phone Number _____

Sample Type
☐ Compliance Monitoring
 Sample Collection Point
☐ Point of Entry# _____

For MCL or Composite Level Exceedance _____ Original Violation Specimen Number Sample Type <input type="checkbox"/> Confirmation <input type="checkbox"/> Confirmation Composite

Sampling Site ID _____

INORGANIC CHEMICAL ANALYSIS
 >>>To be filled out by laboratory personnel<<<

Analysis Method	MCL	Reporting Limit	Contaminant Name	Cont. Code	Analysis Run Date	Result	Exceeds MCL	Exceeds Reporting Limit
_____	0.05	0.05	Arsenic	1005	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	2	2	Barium	1010	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.005	0.005	Cadmium	1015	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.1	0.1	Chromium	1020	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	4	2	Fluoride	1025	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.002	0.002	Mercury	1035	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	10	5	Nitrate (as N)	1040	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	1	0.5	Nitrite (as N)	1041	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.05	0.05	Selenium	1045	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.006	0.006	Antimony	1074	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.004	0.004	Beryllium	1075	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	0.2	0.2	Cyanide	1024	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	No MCL		Nickel*	1036	_____	_____		
_____	0.002	0.002	Thallium	1085	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	No MCL		Sodium*	1052	_____	_____		

Laboratory Information
 >>>To be filled out by laboratory personnel<<<

Specimen Number _____
 Lab ID Number _____ Name _____
 Comments: _____
 Authorized Signature: _____
 Date Public Water System Notified: _____
 *Unregulated Contaminants
 All units must be reported in milligrams per liter (mg/L)
 DWAR 2IN: Revised 2003